

APPLICATION FORM FOR MEMBERSHIP OF

ESVD
European Society of Veterinary Dermatology ASBL (“ESVD” or the “Association”)

R.C.S. Luxembourg No. F 9467

To the attention of the Board of Directors of the Association:

FULL NAME OF APPLICANT: _____
(the “Applicant”)

FULL BUSINESS POSTAL ADDRESS:

DESCRIPTION OF NATURE OF THE APPLICANT’S BUSINESS:

DATE OF BIRTH: _____

1 Consent

I agree to become a Member of the European Society of Veterinary Dermatology ASBL on the terms of its Articles of Association in force, and as from time to time amended (the “Articles”) which are known to me.

2 Guarantee

I undertake that if the Association is wound up whilst I am a Member or within one year after I cease to be a Member, I will contribute such amount as may be required, not exceeding € 1, towards the winding up costs and any liabilities of the Association which were contracted whilst I was a Member.

3 Statements for Admission to the Association

The Applicant hereby states that he/she is interested in promoting the social object of the Association as stated in article 2 of the Articles of the Association.

The Applicant hereby states that he/she has read and knows the Articles of the Association, that he/she accepts them and hereby agrees to be bound by the Articles.

Please complete in full and return the original to:

ESVD Secretariat
C/O avenue Ceramique 222
6221 KX Maastricht
The Netherlands
secretariat@esvd.org

The Applicant hereby agrees to pay the respective membership annual subscription fees as established in article 8 of the Articles, as communicated by the Board of Directors of the Association.

SIGNED -----

Name -----
(*print*)

Date -----

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